



Information Partners Can Use on:

Medicare Drug Coverage under Medicare Part A, Part B, and Part D

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This tip sheet provides an overview of drug coverage under Medicare Part A (Hospital Insurance), Medicare Part B (Medical Insurance), and Medicare Part D (Medicare prescription drug coverage).

Does Medicare cover drugs under Part A?

Generally, Part A doesn't pay for outpatient prescription drugs. However, people with Medicare may get drugs as part of their inpatient treatment during a covered stay in a hospital or skilled nursing facility (SNF). Part A payments made to the hospital or SNF generally cover all drugs provided during a covered stay.

Note: Some hospital services are given in an outpatient setting, like an emergency department or hospital observation unit. See page 3 for information about Medicare drug coverage in these settings.

Does Medicare cover drugs under Part B?

Yes, but only a limited number of drugs. People with Medicare may have to pay the yearly Part B deductible before Medicare pays its share.

Generally, Part B covers drugs that aren't usually self-administered and are given as part of a doctor's service. Coverage is usually limited to drugs that are given by infusion or injection. If the injection is usually self-administered or isn't given as part of a doctor's service, Part B generally won't cover it.

Part B also covers the following:

- **Shots (Vaccinations):**
 - **Flu Shot:** One flu shot per flu season in the fall or winter. This means people with Medicare can sometimes get this preventive shot twice in the same calendar year.
 - **Pneumococcal Shot:** A shot to help prevent pneumococcal infections (like certain types of pneumonia). Most people only need this preventive shot once in their lives.
 - **Hepatitis B Shot:** A series of three shots only for people at high or medium risk for Hepatitis B. A person's risk for Hepatitis B increases if the person has hemophilia, End-Stage Renal Disease (ESRD—permanent kidney failure requiring dialysis or a kidney transplant), or certain conditions that lower the person's resistance to infection. Other factors may increase a person's risk for Hepatitis B. People with Medicare should check with their doctors to see if they're at high or medium risk for Hepatitis B.
 - **Other Shots:** Some other vaccines (such as a tetanus shot) when they're related to the treatment of an injury or illness.



Does Medicare cover drugs under Part B? (continued)

- **Durable Medical Equipment (DME) Supply Drugs:** Some drugs used in infusion pumps and nebulizers, if considered reasonable and necessary.
- **Injectable Drugs:** Most injectable drugs given by a licensed medical provider if the drug is considered reasonable and necessary for treatment and isn't usually self-administered.
- **Osteoporosis Drugs:** An injectable drug for women with osteoporosis who meet the criteria for the Medicare home health benefit and have a bone fracture that a doctor certifies was related to post-menopausal osteoporosis. A doctor must certify that the woman is unable to learn how to or unable to give herself the drug by injection. The home health nurse or aide won't provide the injection unless family and/or caregivers are unable or unwilling to give the drug by injection.
- **Some Antigens:** If they're prepared by a doctor and given by a properly-instructed person (who could be the patient) under doctor supervision.
- **Erythropoiesis-stimulating Agents:** By injection for people who have ESRD or need this drug to treat anemia related to certain other conditions.
- **Blood Clotting Factors:** For people with hemophilia who give themselves the drug by injection.
- **Immunosuppressive Drugs:** Drug therapy for transplant patients if the transplant meets Medicare coverage requirements, the patient is enrolled in Medicare Part A at the time of the transplant, and the patient is enrolled in Medicare Part B at the time drugs are dispensed.
- **Oral Anti-Cancer Drugs:** Some oral anti-cancer drugs if the same drug is available in injectable form and covered under Part B. As new oral anti-cancer drugs become available, Part B may cover them.
- **Oral Anti-Nausea Drugs:** Used as part of an anti-cancer chemotherapeutic regimen. The drugs must be administered immediately before, at, or within 48 hours after the administration of the chemotherapy drug and must be used as a full therapeutic replacement for the intravenous anti-nausea drugs that would otherwise be given.
- **Parenteral and Enteral Nutrition (Intravenous and Tube Feeding):** Nutrients for people who can't absorb nutrition through their intestinal tracts.
- **Intravenous Immune Globulin (IVIG) Provided in the Home:** For people with a diagnosis of primary immune deficiency disease. A doctor must decide that it's medically appropriate for the IVIG to be given in the patient's home. Part B covers the IVIG itself, but it doesn't pay for other items and services related to the patient getting the IVIG in his or her home.



Does Part A or Part B cover self-administered drugs given in an outpatient setting, like an emergency department or hospital observation unit?

Generally, Part A and Part B don't cover self-administered drugs a person gets in these settings. A person's Medicare drug plan (Part D) may cover these drugs **under certain circumstances**. A person might need to pay out-of-pocket for these drugs and submit a claim to his or her plan for a refund. He or she should call the plan for more information.

Which drugs does Part D cover?

Medicare offers comprehensive prescription drug coverage to people with Medicare under Part D. A Part D-covered drug must meet all of the following conditions:

- The drug is available only by prescription.
- The drug is approved by the Food and Drug Administration (FDA).
- The drug is used and sold in the United States.
- The drug is used for a medically-accepted indication, as defined under the Social Security Act.

Medicare drug plans cover generic and brand-name drugs. All Medicare drug plans must generally cover at least two drugs in each category of drugs; however, plans can choose which specific drugs are covered in each category. Medicare drug plans also must cover all drugs, with a few exceptions, in six categories:

- Antidepressants
- Antipsychotics
- Anticonvulsants (drugs to prevent seizures)
- Antiretrovirals (drugs to treat HIV/AIDS)
- Immunosuppressants
- Antineoplastics (anti-cancer drugs)

Does Part D cover shots (vaccinations)?

Yes. All Medicare drug plans must include all commercially available vaccines (like the shingles vaccine) on their drug formularies (except vaccines that are covered under Part B, such as the flu or pneumococcal shot). The plan member or the provider can contact the Medicare drug plan for more information about coverage and any additional information the plan may need.



Are there certain drugs that Part D doesn't cover?

Yes. By law, Part D can't pay for drugs when they would be covered under Part A or Part B. In addition, the following drugs can't be included in basic Part D coverage:

- Benzodiazepines
- Barbiturates
- Drugs for weight loss or gain
- Drugs for erectile dysfunction
- Drugs for relief of cough and colds
- Non-prescription drugs
- Drugs used for cosmetic purposes or hair growth
- Drugs used to promote fertility
- Prescription vitamins and minerals, except prenatal vitamins and fluoride preparation products

Some Medicare drug plans may choose to cover these drugs as part of the plan's supplemental benefits. However, any amount spent for these drugs isn't counted toward the person's share of the costs, such as the deductible or out-of-pocket limit.

Can people appeal a drug coverage decision made under Part A, Part B, or Part D?

Yes. People with Medicare have certain guaranteed rights. One of these is the right to a fair process to appeal decisions about coverage or payment of health care services. How people file an appeal will depend on the type of Medicare plan they have.

Where can people get more information or help?

- Visit www.medicare.gov. Look for more information on **appeals** under "Medicare Appeals." Select "Appeals and Grievances." Or, view one of the following publications:
 - "Medicare Prescription Drug Coverage: How to File a Grievance, Request a Coverage Determination, or File an Appeal" (CMS Product No. 11112) by visiting www.medicare.gov/Publications/Pubs/pdf/11112.pdf
 - "Your Medicare Rights and Protections" (CMS Product No. 10112) by visiting www.medicare.gov/Publications/Pubs/pdf/10112.pdf
 - "Medicare & You" (CMS Product No. 10050) by visiting www.medicare.gov/Publications/Pubs/pdf/10050.pdf

Look for more information on **Medicare drug coverage** by selecting "Find Out What Medicare Covers" or "Compare Medicare Prescription Drug Plans."

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Contact your State Health Insurance Assistance Program (SHIP) to get free personalized health insurance counseling. To get the telephone number, call 1-800-MEDICARE or visit www.medicare.gov, and select "Find Helpful Phone Numbers and Websites."